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JAN 31 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MR. Robert L. Taylor  
SALINAS Valley State Plaintiff,  
PRISON P.O. Box 1050 Soledad, CA 939  
vs.  
WARDEN EVANS,  
SALINAS Valley State Defendant,  
PRISON P.O. Box 1050 Soledad CA  
93960

CY 08 0759  
CASE NO.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

MHP

(PR)

I, Robert L. Taylor, declare, under penalty of perjury that I am the  
plaintiff in the above entitled case and that the information I offer throughout this application  
is true and correct. I offer this application in support of my request to proceed without being  
required to prepay the full amount of fees, costs or give security. I state that because of my  
poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the  
name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 No Job in decades for me.

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

N/A

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ NOT AT ALL

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No NO

8. What are your monthly expenses?

Rent: \$ N/A Utilities: N/A

Food: \$ N/A Clothing: N/A

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

UNAWARE

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

N/A

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

JAN. 27, 2008

DATE

*Mr. Robert J. Jones*

SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Robert L. Taylor for the last six months  
Salinas Valley State Prison <sup>[prisoner name]</sup> where (s)he is confined.  
<sub>[name of institution]</sub>

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 SALINAS VALLEY STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU JAN. 10, 2008

ACCOUNT NUMBER : K29436 BED/CELL NUMBER: FDB3T1000000126L  
 ACCOUNT NAME : TAYLOR, ROBERT LEE ACCOUNT TYPE: I  
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
09/01/2007		BEGINNING BALANCE					29.40
09/24	FC02	DRAW-FAC 2	0880 CTC			29.40	0.00
10/11	D300	CASH DEPOSIT	1037 6953		20.00		20.00
11/07	FRO1	CANTEEN RETUR	701273			2.10-	22.10
12/17	FC04	DRAW-FAC 4	1594 D3			22.10	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
29.40	20.00	49.40	0.00	0.00	0.00

  

CURRENT AVAILABLE BALANCE
0.00

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 1/07/08	TO Trust Account Office	FROM (LAST NAME) Taylor	CDC NUMBER K-29436
HOUSING D-3	BED NUMBER 126 L	WORK ASSIGNMENT [Signature]	JOB NUMBER FROM [Signature] TO [Signature]
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) EOP			TO [Signature]

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence

This is the third time I have written. I am in need of a complete printout of my account activity for the last three previous months. Your help in this matter would be appreciated.

Do NOT write below this line. If more space is required write on back.

INTERVIEWED BY Sec	DATE ATTACH
DISPOSITION	